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Applicant claims sma	all entity status	. See 37 CFR 1.2	7 -	Examiner Nam	- - -	ger T. Chapma	n
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				Attorney Docke	et No	10-133	
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FEE CALCULATION		<u>. </u>					
1. BASIC FILING, SEA	FILING I		SEARC	H FEES Small Entity Fee (\$)		ATION FEES Small Entity Fee (\$)	Fees Paid
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FE	ES					Fee (\$)	Small Entity
Fee Description Each claim over 20	(including R	eissues)				52	<u>Fee (\$)</u> 26
Each independent c	laim over 3 (ues)			220	110
Multiple dependent						390	195
Total Claims - 20 or HP =	Extra Clain	<u>ns</u> <u>Fee (\$)</u> x	Fee P	aid (\$)		Multiple Der	endent Claims Fee Paid (\$
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Signature ////	I/V L		/ IRe	gistration No.	20454	Telephone	² (212) 292-539
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TRANSMITTAL FORM Training Date Macro 25, 2004 First Named Inventor CLINE, John B. Art Unit 3761 Examiner Name Ginger T. Chapman Total Number of Pages in This Submission Attorney Docket Number Total Number of Pages in This Submission Attorney Docket Number Total Number of Pages in This Submission Attorney Docket Number Total Number of Pages in This Submission Attorney Docket Number Total Number of Pages in This Submission ENCLOSURES Check all that apply) Fee Transmiltal Form	Nunder the	e Paperwork Reduction Act of 199	5, no person	U.S as are required to respond to a	. Patent and T	Frademark	Office;	through 07/31/2012. OMB 0651- U.S. DEPARTMENT OF COMME displays a valid OMB control nun
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Art Unit 3761 Examiner Name Ginger T. Chapman Attorney Docket Number of Pages in This Submission ENCLOSURES (Check all that apply) Fee Transmittal Form Drawing(s) After Allowance Communication to Board of Appeal After Final Provisional Application Proprietary Information After Final Prover of Attorney, Revocation Proprietary Information Disclosure Status Letter Chief Enclosure(s) (please Identity below): Extension of Time Request Request Request Information Disclosure Statement Co. Number of CD(s) Certified Copy of Priority Document(s) Reply to Missing Parts Incomplete Application Proprietary Information Disclosure Statement Request Terminal Disclosure Statement Receipt Postcard SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name EPSTEN/DRAMSEL BASERMAN & JAMES, LLP Signature Reply to Missing Parts Under 37 CFR 1.52 or 1.53 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service sufficient postage as first class mail in fin envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	ato -	TRANSMITTAL		Filing Date	March 26,	, 2004		
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Amendment/Reply Petition Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) After Final Provisional Application Change of Correspondence Address Extension of Time Request Express Abandonment Request Information Disclosure Statement Request Online Express Abandonment Request Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Document(s) Reply to Missing Parts/Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name EPETENDRAMGEL BAZERMAN & JAMES, LLP Signature Printed name Robert L. Epstein Date September 8, 2010 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	\checkmark	Fee Attached		Licensing-related Papers				
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Information Disclosure Statement CD, Number of CD(s) Landscape Table on CD Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name EPSTEINDRAMGEL BAZERMAN & JAMES, LLP Signature Printed name Robert L. Epstein Date September 8, 2010 Reg. No. 26451 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service v sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450				Request for Refund				
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